



State of New Hampshire

2009 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/24/2009

Business ID: 242542

William M. Gardner

Secretary of State

BLACK & VEATCH CONSTRUCTION, INC.

8400 WARD PKY , PO BOX 8405

KANSAS CITY, MO 64114

ADDRESS OF PRINCIPAL OFFICE:

8400 WARD PKY , PO BOX 8405

KANSAS CITY, MO 64114

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 242542

STATE OF DOMICILE: MISSOURI

FURNISHING CONSTRUCTION MGMT. SERVICES,
GENERAL/SPECIALIZED CONTRACTING, ETC.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Haldon E Smith

STREET 11401 Lamar Avenue

CITY/STATE/ZIP Overland Park Ks 66211

V-PRES. JEFFREY JOHN STAMM

STREET 11401 LAMAR

CITY/STATE/ZIP OVERLAND PARK KS 66211

SEC'Y. TIMOTHY WAYNE TRIPLETT

STREET 11401 LAMAR

CITY/STATE/ZIP OVERLAND PARK KS 66211

NAME

STREET

CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. TIMOTHY WAYNE TRIPLETT

STREET 11401 LAMAR

CITY/STATE/ZIP OVERLAND PARK KS 66211

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

JEFFREY JOHN STAMM

Please print name and title of signer:

JEFFREY JOHN STAMM

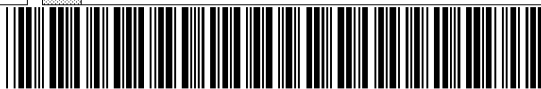
VICE PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



024254220091001

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529